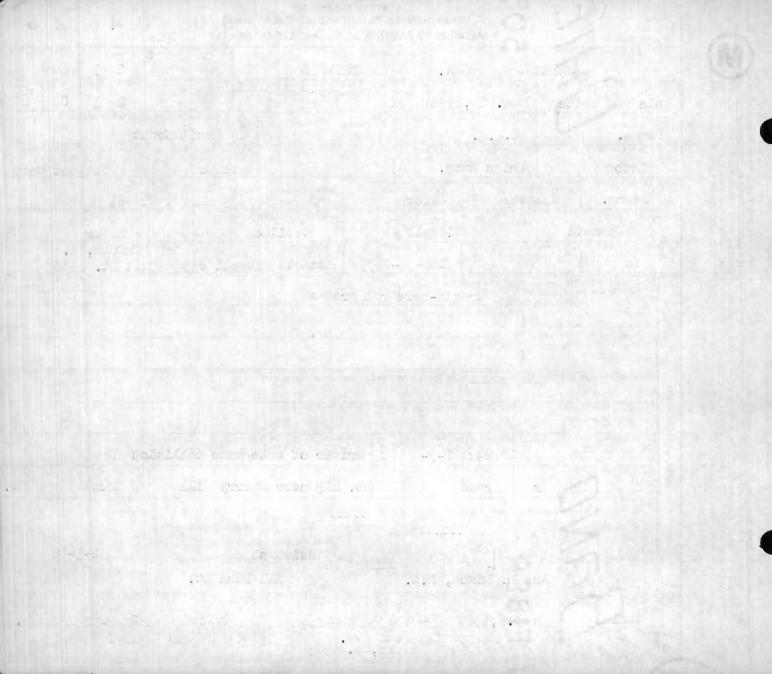
	1.	FOR STATE				ENT OF H	EALTH		TAL HYGIEN			0 4	1 4	2	6
6		REGISTRAR		ME		XAMINE			TE OF DE		REG.				
(IVI)		CEASED NAM			WIDDIE			AST		2a. DATE OF	ESTI-	-		YEAR	26 HOUR
			JAMES		Α.			DWELL			MATED	2		19 80	M
5786	3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	LAST BIRTHDAY	) MONTHS	DER TYR. IF U	JNDER 24 HRS.	2c. DATE	NCED	MONTH	DAY	YEAR	1:09
		ale	white	Dec. 17		21 YRS	5.			DEAD		2	3	1980	a M
12	FC	IRTHPLACE (5 DREIGN COUNTRY)	TATE OR	76. CITIZEN OF W	HAT COUNT	RY?	MARRIE	D NEVER	MARRIED TO	11.57		Y OR COU	NTY OF D	EATH	
10	Contract of the Contract of th	Penna.		U.S.A.			WIDOWE		NORCED [		Ll Co		1.61 1/210	ID OF BU	MD.
11	) D. C	ITY OR TOWN		11 NAME OF HOS	ACHITY, GIVE STR	EET ADDRESS)	OR OTHE	R INSTITUTION		MOST OF WO		TYPE OF WORK		ND OF BU	
Cel	1	Elkton	(IF IN NURSING HOME O	Union H		DOA)			Lat	orer			Com	post	Corp
3		Penna	1135 COUNT		13c. CITY C	ord	N) 1	34. INSIDE CITY LI		REET ADDRE		Stree	t		
	14.F	ATHER'S NAMI	P E TE	MIDDLE	L	AST		FIRST	MAIDEN NAM	E	AIDDLE			LAST	
1	7	Ke	nneth		Bidwe			Cec	ilLea	-			reer		
1		YES, NO OR UNKNO	DEVER IN U.S. ARA	AED FORCES?		AL SECURITY		7. INFORMAN				SS Oxf			
)		No			168	-54-06	95	Kennet	h Bidwe	11 63	9 Ma	rket	St.	19363	
		18. CAUSE C	F DEATH (Enter ani											PPROXIMATE	INTERVAL AND DEATH
	1.0	PARTIDE	ATH WAS CAUSED  IMMEDIAT	E CAUSE (a) Cr	anio-c	erebra	al tr	auma						-1-1	
AL.	100	1817	0	DUE TO, OF	R AS A CONS	EQUENCE O	F								
ON, OR REMOVAL.	1	gove ri	ns, if ony, which se to immediate	(b)											
1		lying cau	stating the <u>under</u> use last.	DUE TO, OR	RASACONS	EQUENCEO	F								
	10			(c)											
	NO	PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATI	O TO THE TERMI	IAL DISEASE	OR CONDITION GIV	EN IN PART 1 (a).						
7	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	ITION FOR W	HICH OPERA	TION WA	S PERFORMED	)?				20. A	AUTOPSY?	?
E						0.00					Selection.	11.19		YES 🏝	NO 🗌
40	7 8	UNDERLYING	AL CAUSE WAS	21b. TIME O HOUR A.A	F INJURY	DAY YEAR			CURRED LENTER				PART 2)		- 110
	S	CONTRIBUTI	NG CAUSE OF D		x 2-3-				auto/a	uto c	ollis	sion		-	
	MEDICAL	2Td. INJURY (		STREET, FAC	OF INJURY		Rt.		- CI	CITY_OR TO	MM		Ceci 1		stalla.
-	1	AT WORK	AT WORK	x ros	id		Rt.	ZIJ nes	ar Cher	ry Hi.	1.1.	(	Jecr T		IVIC .
1		22a. 1 cert	fy that I toak sharg	e of the remains de	scribed abav	e, held an	Autaps	y X, Ins	spectian .	Inquiry		ond in my	opinion		
1		deoth result	ed fram: Autur	ol causes .	Accident	X, Suid	ide .	Hamicide	Unde	termined m	anner [	],			
The same of the sa			/h	MA	1			TITLE (SPEC					- 0	0 00	
_		SIGNATURE	/ IV	VA	IXA	- P.V.	M.I	Assi:	stant MEI	DICAL EXA	MINER	DA1 SIG	NED 2-	3-80	
1	2	EXAMINERS	NAME A	nn M. Dix	con, M	.D.			111 Pe	nn St					
-	22	CTYPE OR PRI	MI		1			CREMATORY	7994 1	OCATION					
	230.1	(SPECIEY)	TION, REMOVAL						CIT	OCATION Y OR TOWN	24	120000	OUNTY		TATE
	TA	Buri		Feb. 6.19		ford (		0.5	DATE PEE'Q	Oxfor			Ster		mna.
	4	14/1/	aush	7/2 KMY	Vin	4 Penn Oxford	Pa.		LEB	071	980		Fry/	MC CU	ody
	XL	della	VIVILA	1411114	WELL	C	7-00	7777					/		1



Howard K. McComas III, Abingdon, Md.

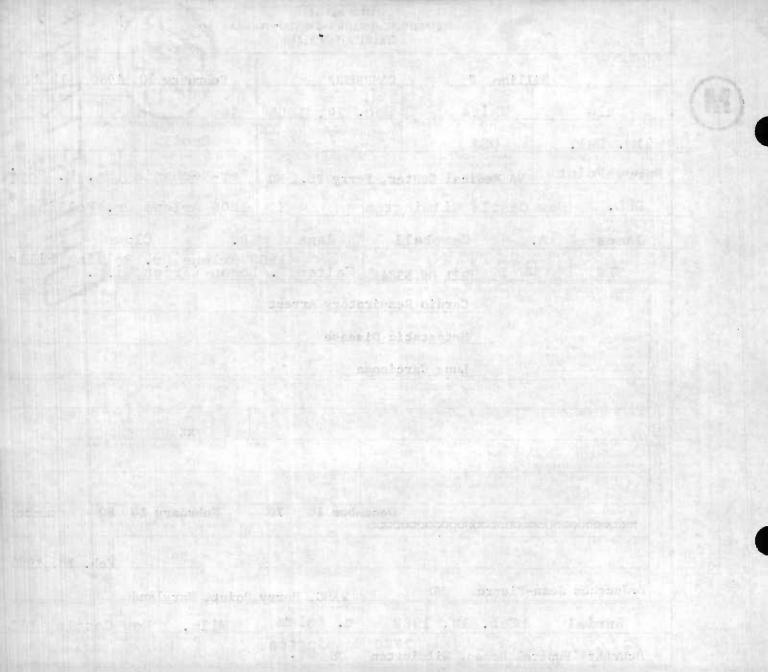
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(VR A 15 (4))

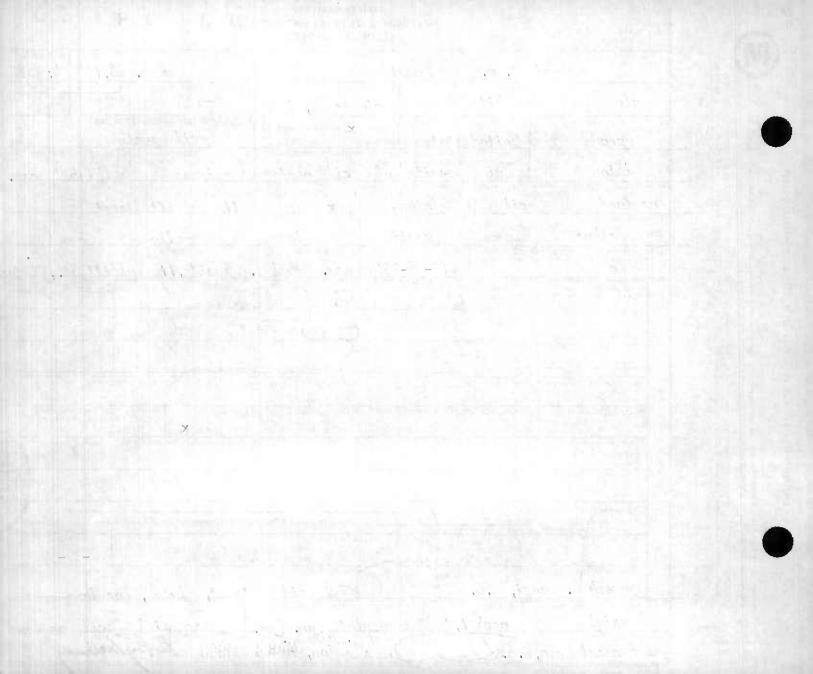
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		1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	0 4	4	2 8
(1)	1	(TYPE	CEASED NAME OR PRINT)	Di/L	bur	MIDDLE	1. 1	Bunch	20. DATE OF DEATH	2/15	180	26 HOUR /
(800	)	3 SE		4	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
			Male		White			1 21, 1912	67	YRS		
÷ 25	100		RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNT	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	_	FDEATH	
deo deo uner	0.		irginia		USA		WIDOWE		Cecil			٨
the state of	Potitied		TY OR TOWN OF DEA	ATH 111	(IF NOT IN SU	CHEACILITY, GIVE ST ON HOSP	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	Farms
MAKYLAND 2120 ed within 24 hours mpleiely filled in by and 2 should be fille	00		AL RESIDENCE (IF NURS	ING HOME OF OT	THER INSTITUTION		EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			4 11
filler ould	235		aryland	Ceci		E1kt		YES NO X	382 Fair	Hill Dr	ive	
within letely d 2 shd	e c	14. F	THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
mple and	\$70		William	MID.	DDLE	Bune	ch	Elizabeth	J.		Crawf	
			VAS DECEASED EVER			16b. SOCIAL S		17 INFORMANT	ADDR	ESS	CIZCANZ	or u
ote be execu	medical	(	4.4	(IF YES, GIVE W	'AR OR DATES)	222-07	0600	Mma Darbar	M. Bunch. E	liston	W4 2	1021
e be	then		No			-		Mrs. Ruby	M. Dunell, E	IKCON,		MATE INTERVAL
g physicion on peper	event, t		18 CAUSE OF DEAT PART I. DEATH W	H Enter only AS CAUSED I	ane cause per BY.	r line far (a), (b	, and ich	. m . 1166	2001		BETWEEN	ONSET AND DEA
og p San			. / .	IMMEDIATE	CAUSE (a)	ENBOR	VITICA	wor HCCI	0000			
the cort	fraumotic		4273		DUE TO, O	RAS A CONSE		10000	U.S. Helical Inc.			
the deat	Jan		Conditions, if ony		(b)_	Pulm	ONAR	I Emisor	1			
w.r of the	ather		couse (a), stating underlying cause	g the	DUE TO, O	RAS A CONSE A TICUM		BRILLATO	01)			
s opla	injury, ar	z	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVEN	IN PART 10	o l
e law r n. nos bee permit.	ony	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WE	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
SICIAN: The ag physicial certificate bringle-transit ental Hygie	Hem 18 shows		216. ACCIDENT WAS UNI OR CONTRIBUTING [	CAUSE OF DEATH			DAY YEAR	21¢ HOW INJURY OCCUR				
ding ding ding Meri	5	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION				
G PH of the sthe	D	Ž	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
ENDING of or o OR. After use os Health	mork		220.1 certify that (I)		) attended th	a decensed for	nm )	10 19 80	to 1	-1.5	80	thot (1) (we) I
	21 is		sow the deceos				A 10	nd that in (my) (our) opinion	death accurred on the c	,		
	E 2		abave, (1) (we) (c	did) (did not)	view the body	ofter death.	9	DEGREE			22c. DATE	
At OR A the hos	# #e		228. SIGNATURE	211	1 -	10		ATTENDING _	MEDICAL STA	FF	1	
	<u> </u>		- Jen	M.	con a			PHYSICIAN	DIRECTOR PHYS	CIAN	2-/	5-80
HOSPITAL oned by the FUNERAL II he deto	MPORTANT		22d PHYSICIAN'S N.	AME (TYPE OR PI	RINT)		4 .	22e ADDRESS				
O HO etaine TO FU Should	ğ		4014	ndo A	MA	ICKA	111	105 E. Mai	n Street. E	1kton.	Md. 2	1921
of To sho	≦		URIAL, CREMATION,	REMOVAL	23b. DATE	1	230 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OLINTY	STATE
BP			specify)  Burial		2/19/8	20	Montino	llo Memory Ga	rdone Char	-		
			UNERAL DIRECTOR/	0 1	41313			25a. DA	E LOC O. BY RE COLON	25b. REGISTER	WAS STORING	Williams.
DHMH - 16 50M 1/76 (VR A 15 (4) )	•		NAME OF LANGE	6.0	lick	ADDRES					/	- water
(.,,)		H	ICKS HOME	for FU	NEKALS	ELKTO	N. MD.					4

President Co. et lol burchatcher - rom - arte lol lol la and the state of t 222-07-0000 | 90. suby | success | 1/1000. | 0. 21021 LEVIS AND TOTAL CHARGE OF THE COLD PARTY OF 2/10/Ht - Nonticella seaary Unrocra, Conclettaville, Unrostin



(BA)	1.	FOR STATE REGISTRAR			CERTIFICA	MARYLAND TH AND MENTAL H		REG. NO	4 4	3 0
deoih deoih	(TYPE	OR PRINT) Henben		MIDDLE	sidy		26 DATE OF	Feb.		26 HOUR 24: 30 Pm
oge 4 mo	3. SE	Male	4 RACE White		S. DATE OF B	DAY YEAR	7 7	ARS LAST BIRTHDAY)  2  YR	9	IF UNDER 24 HRS HOURS MIN.
death. P. unerol di hin 72 ho of once.	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	United	2 12 12 12 12	WIDOWED			recity or coun	nty	MD
by the filled with		Elkton	Union Chion	CHEACHITY, GIVE STREET	of Cec	THER INSTITUTION	(TYPE OF WORK	OCCUPATION FOR MOST OF WORKING NEE.A		bol Conp.
AND 213	130	AL RESIDENCE (IF NURSING HOME) TATE  13b CC  Nyland		134 CITY OR TOW	N 13d	INSIDE CITY LIMITS?	13e STREET	ADDRESS Mallitt	Street	
ompletely and 2 s		Arthur	Lorne	Cassi	idy	MOTHER'S MAIDEN N	IAME	Amelia	A.C.	st ann
ALTIMORE, Te be execut raion and ce refs. Pages 1 of.		VAS DECEASED EVER IN U.S. (IF YES, 10 OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	217-26-	0010	informant Irs. Nabel	J. Cass	idy, 112	allitt	St. Eleto CHATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician.  We have certificate has been signed by the ottending physician and completely filled in by as the bundi-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled in by the and Mental Hygtene prior to bundi, cremation, or remayol.  Or shows only injury, or other troumatic event, the medical examiner must be perfected as the proof of t	NO	RATTI DEATH WAS CAL  IMMED  Conditions, if any, which gove rise to immediate cause io stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, C  DUE TO, C  DUE TO, C  (c)	DR AS A CONSEQUE	ENCE OF	reun T	RMINAL DISEASI	E OR CONDITION		
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTO		YES, WERE FINDS RTIFYING CAUSE YES	
ON OF VITA HYSICIAN: TI ding physici ns certificate burial-transi I Mental Hygi or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRI	DEATH HOUR A		AY YEAR	c. HOW INJURY OCCU	JRRED (ENTER NA			
ENDING PHY tol or offendi DR. Affer this ruse as the b Health and M	WE	WHILE NOT WHILE AT WORK  270.1 certify that (1) (this has sown the discessed alive	ospitol) ottended ti	reet, Factory, Office, F	)	not in (my) (our) opinic	, to	CITY OR TOWN		, that (I) (we) lost
TAL OR ATT y the hospin Ral DIRECT detached fo tote Dept. of		obové, (I) (Ve) (did) (did 22b. SIGNATURE	not with the hody	datter death.	DEC	ATTENDING PHYSICIAN		STAFF PHYSICIAN		E SIGNED
TO HOSPITAL Ceroined by the TO FUNERAL Brould be detected with the Store DIMPORTANT: If			nzi, M.D		0	721 Bridge	Street	Elkton	Angular	d
BP		SURIAL, CREMATION, REMOV		1.1980 I	mmacula	te Con Se	m Che	ATION RTOWN EMN: Hill EGISTRAR 256, REC	COUNTY  COUNTY  COUNTY  COUNTY	STATE Agree Land
DHMH - 16 50M 1/76 (VR A 15 (4))	Ge	NROME / //	, P. A.	ADDRESS	كسرة	Ukton, MAR	4 198		my Malre	ody



DHMH-16 20M {VRA 15, 4} 7/78

3 SEX F 70 BIRTI COU MA 10 CITY E1 USUAL 130 ST	ASED NAME FIRST					REG. N	0			
3 SEX F 70 BIRTY COU Ma 10 CITY F1 USUAL 130 ST		,	MIDDLE	L	AST	24 DATE OF DEATH		AY YEAR	26. HOUR	
To BIRT COU MA IS CITY FILL USUAL 13e STA	GRACE		E.	CH	ADWICK	FEBRUAR	RY 29,	1980		M
7 BIRT COUMA MA IN CITY E1		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 H	
Ma II CITY E1 USUAL I30 ST	emale	White		MAY		50	YRS.	UNINS DATS	HOURS M	84
Ma Io CITY E1 USUAL I30 ST	HPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1		9 BALTIMORE CITY O		OF DEATH		
IO CITY  E1  USUAL 130 STA	ry land		USA	WIDOWE	D NEVER MARRIED DO DIVORCED	Cecil				MD.
USUAL 130 ST	OR TOWN OF DEATH	(# NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	G HOME C	R OTHER INSTITUTION	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE		BUSINESS	
13a ST	Kton RESIDENCE (IF NURSING HOME OF					H	ousewil	5		
Mary	ATE 136 COUP	eci1	Elkton	N	134. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13a. STREET ADDRESS 250 E. Ma	in St	reet		
I4. FATI	HER'S NAME FIRST Milford	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST		
IAn WA	S DECEASED EVER IN U.S. AR	MED FORCES?	Wyre  166 SOCIAL SECU	DITY NO	Ada 17 INFORMANT	ADDR	FSS	Roci	cy	
		E WAR OR DATES)	JOCIAL SECO		Mr. Raymond					
	Conditions, if ony, which gove rise to immediate couse (a), storing the	D BY. TE CAUSE (a)  DUE TO, OI	FLE CONSEQUE	hoi V	1 arebr	L Herr ogh	ne.	BEIWEING	inset and dea	
NOI.	ART 2 OTHER SIGNIFICANT (				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED	_
EDICAL	In ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DE.  LIFETHER, NOTHY MEDICAL EXAMINER)  IN JURY OCCURRED  WHILE NOT WHILE	P./	M. MONTH DA M.	Y YEAR 19 NRM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJUI		COUNTY	STATE	
2	WHILE NOT WHILE TOWNER  20.1 certify that Mathis hosping sow the deceased live an obove. (In the light of ided not 26. SIGNATURE				DEGREE ATTENDING	death occurred on the d	ate and hour			
?	70. PHYSICIAN'S NAME (TYPEO	RPRINT)			223 W	est mui	&t.	celle	No	
(SPE	RIAL, CREMATION, REMOVAL CIFY) Buria1	236. DATE 3/3/80			Cemetery  Cemetery	23d. LOCATION CITY OR TOWN E1kton	0	COUNTY MARY	STATE	
	ERAL DIRECTOR	UN ERAP	ADDRESS ELKTON	1	YLAND 250 M		256. REGIE	Per March		2 4

STATE OF MARYLAND



	15/1		FOR			DEPARTM	ENT OF HEAL	TH AND ME	NTALH	YGIENE	1)	0 4	for	5	2
	9		REGISTRAR		M	EDICAL EX	KAMINER'S	CERTIFIC	ATE O	F DEATH	REG	, NO.			-
	A		EASED NAME	FIRST	Frederic	MIDDLE		LAST		20. D	ATE KNOWN	HTMOW DE 1		YEAR	2b. HOUR
	m of N	(TYPI	OR PRINT)	XXXXX		Codmar		COPP		DI	OF ESTI-	2	18	1980	
	PLEAS ECTOR FILES HOUR STREE	3. SEX		1 RACE	5. DATE OF BIRTH	1 6.	AGE (IN YEARS IF	UNDER 1 YR.	IF UNDER 2	24 HRS. 2c	DATE	MONTH	DAY	YEAR	2d. BOU3
	STEE		ale	white	7/7/1		LAST BIRTHDAY)	ONTHS DAYS	HOURS	MIN PROI	NOUNCED DEAD	2	18	, 80	P <sub>M</sub>
_	1 10 0 C		RTHPLACE (ST.		7b. CITIZEN OF V		64 YRS.				ALTIMORE CIT	TY OR COUN		19	I.W
	の子前を表現での	FOI	REIGN COUNTRY)		1	THAT COULTE	MA	RRIED X NEV					111 01 0	EATH	
•	(E1042-0)		Mass.		USA			OWED	DIVORCE	U	acil Co		T. 01 - 1/ (5	10.05.5.4	MD
	5,892011	10. C1	Y OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURS FACILITY, GIVE STRE	ING HOME, OR (	OTHER INSTITUT	ION		OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	OR	ND OF BUS INDUSTR	Y
	TOY TO		Elkton			Hospita				Mecha	nical	Eng.	G	ovt.	
	OF DE STAND	USUA		IF IN NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BE		1134 INSIDE CIT	COTIMIT VI	13e. STREET A	DDRESS				
120	44.85.8X3		rgini	a Vfai	irfax	Arli	ngton	YES 🗆	NO 🔀	2612	Nort	h 12t	h S	tree	t
0.2	H. II.		THER'S NAME					15. MOTHE	R'S MAIDEN					LAST	
Z.	PM 3. VITAL	I	reder	ic (	Codman	Co	bb Sr.	FI	RST		Unkn	CWO	200	AST	
JAC	FORM S 1 A	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCES?		L SECURITY NO.	17. INFORM	ANT		ADDR				
BALTIMOR	AFTER PARTER PARTER PARTER PARTER IN FOIL SION	(YE	NO OR UNKNOW	(IF YES, GIVE	A A	022-		Mag	רוים	a A.	Cabb	Come		11 1	2
SAL	URS AFTE B. GWE P WITH FC WAGES DIVISION					1-		)   MILS.	TIL	a H.	CODD	Same		# L	J INTERVAL
	⊃ % > □			THEATH (Enter or	nly ane cause per li									VEEN ONSET	
PRESTON ST	24 HO FEM 1 ONG ERMIT		11: 0	IMMEDIA			clerotic	cardio	vascu	ılar di	sease		-		
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0.0	OR OR		lying caus	e last.	(6)								1 5		
DIVISION OF VITAL RECORDS, 301	CAL E CAL E AND AND		PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDITION	GIVEN IN PART	T 1 (a)					
OR	S ATTA	Z	37. 3		11/2-1-1										
REC	WED WILD BE WILL BE A HEAL	CERTIFICATION	19a. DATE OF	OPERATION	196. CONE	ITION FOR WI	HICH OPERATION	WAS PERFOR	MED?				20. A	UTOPSY?	
IA	O - = 07 h	FIC												ES X	NO 🗆
>		ERT	21a EXTERNA	L CAUSE WAS	21b. TIME	OF INJURY	1216	. HOW INJURY	OCCURRED	) FINTER NATUR	E OF INJURY IN ITE	M 18 PART 1 OR P		E2 (=)	NO L
0	TIFICATE STEE WOOD TO THE HOULD BE ARTMENT RETO BURI		UNDERLYING	OR		M. MONTH D	AY YEAR		0000						
Ö	S T S T S T S T S T S T S T S T S T S T	S	CONTRIBUTING	G CAUSE OF		M. OF INJURY	19	LOCATION							
Ĭ.	CERTING DED T SHOR	MEDICAL	WHILE -	NOT WHILE		CTORY, FARM, ETC.		STREET		City	ORTOWN	C	OUNTY		STATE
Q	WARE TATE		AT WORK	AT WORK											
	S S S		22g.   certif	v that I taak chare	ge of the remains d	escribed above	held on Au	tapsy X	Inspection	[], In	quiry .	and in my a	pinian		
	MINE FIFTCA BE FC CTOR H THE LAND,	10-	death resulte		oral causes X,	Accident		Homic		Undetermin		7			
			death resone	d from: Indio	in cooses in in	. A	, Soicide	TITLE (SE		Olidelelliiii	ied manner _	_,			
	EXA CER CER CER OULD DIRI		ACTUAL	1/00	Dite 1	0 1/2.	01		,			DATE		2 10	00
	CAL THE SHOOP SHOOP SE, M		SIGNATURE_	from	the state of	2 1000		M.D. ASSI	Stant	MEDICAL	EXAMINER	SIGN	ED	2-19-	80
	MEDICAL CUTE THE SE 4 SHOU FUNERAL ER DEATH, TIMORE, M		EXAMINER'S	NAME MO-	anni ta A	77 1	1 1/ 5		111						
	TO ME EXECU PAGE TO FU AFTER BALTIN		(TYPE OR PRIN		garita A			ADDRESS_	111						
	F92749	23a. Bl	JRIAL, CREMAT	ION, REMOVAL			ME OF CEMETER			23d. LOCAT	WN		UNTY	51 A	
	BP		Crema	tion	2/20/80	Sec	curity	Proces	s,In		tonsv	ple	Bal	Line	Md.
	DHMH - 17		INERAL DIRECT		ADDRE	SS	300		250. DATE RI	EC'D. BY REG	SISTRAR 25b	market in	SUNA	THE !	
	(VR A15 ME (5)) 15M 7/76	Ma	cNabb	Funera	1 Home	Cator	nsville	, Md.	LFD			/		/	

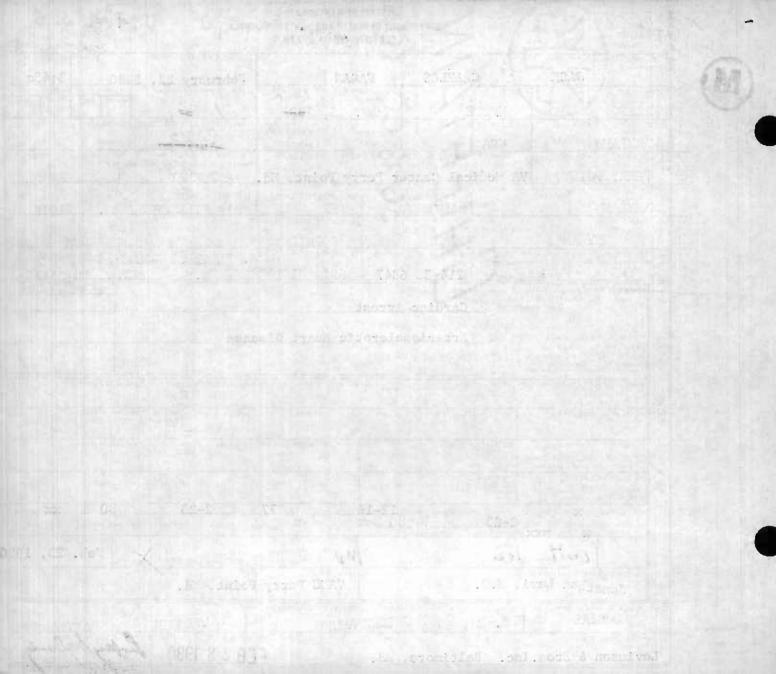
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gned	burio ry, or	1	.	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	OITION GIVEN I	N PART 10	1
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TOR TOR	of H	-	- 1	sow the deceased alive on above, (1) (we) (did) (did not	Fel. 28	1980 0	nd that in (my) (our) opinion	death accurred on the do	te and hour and	d from the d	couses stoted
hosp	p t d	-1		275 SIGNATURE	view the body after dear	m.	DEGREE /			22c. DATE S	SIGNED
the	F Pool		_	WITH Ch. G	YA KNIO	10 1	ATTENDING PHYSICIAN	MEDICAL STAF	F.	3-0	01-80
by ERA	Stol	$\dashv$		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	was c	220 ADDRESS	DE DIRECTOR   PHISIC	IAN []		
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1. DECEASED NAME FIRST MIDDLE LAST  LISA D. DUNCAN  3. SEX 4. RACE S. DATE OF BIRTH MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR DEAD DEAD DEAD DEAD DEAD PRONOUNCED DEAD PRONOUNCED DEAD PROPOSED DEAD PROPOSED DEAD PROPOSED DEATH CECIL COUNTY OF DEATH COUNTY?  **MONTH DAY YEAR DEAD DEAD PRONOUNCED DEAD PRONOUNCED DEAD PROPOSED DEAD PROP	1	- S	.8,22a,1 FOR STATE REGISTRAR	FilmG541	. 3/17/80 M	kam S DEPARTMENT C	OF HEALTH				O REG. NO	4	4	3	4
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PART I DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)	16	(YE	NO, OR UNKNOV	EVER IN U.S. AR	RMED FORCES?	16b. SOCIAL SECU	JRITY NO.		os Dun	can, E		84,8	lktor	20 00	4
UNDERLYING OR OR ONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that I took charge of the remains described above, held an death resulted from: Natural causes Accident , Suicide , Homicide . Undetermined manner ,  ACTUAL  SIGNATURE  UNDERLYING OR COUNTY ITEM  P.M. 19  21f. LOCATION  STREET CITY OR TOWN COUNTY STATE  CITY OR TOWN OR IN MY apinion  LACTUAL  SIGNATURE ACTUAL  MAD. ASSISTANT  MEDICAL EXAMINER  DATE 2-19-80		NO	gave rise cause (a) lying caus	e to immediate stating the <u>under</u> e last.	(b)	OR AS A CONSEQUEN	CE OF	OR CONDITION GIVEN IN I	PART 1 (a).			391			
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  220. I certify that I took charge of the remains described above, held an death resulted from: Natural causes  Accident  Natural causes  Natural ca		TIFICATION	190. DATE OF	OPERATION	19b. CON	DITION FOR WHICH O	PERATION W	AS PERFORMED?							
270. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Natural causes X Accident , Suicide , Hamicide : Undetermined manner ,  ACTUAL SIGNATURE		SICAL	UNDERLYING CONTRIBUTIN	OR CAUSE OF	DEATH P	A.M. MONTH DAY Y A.M. 19 E OF INJURY (ATHOM	E. 21f. LO	CATION	RED (ENTERN						STATE
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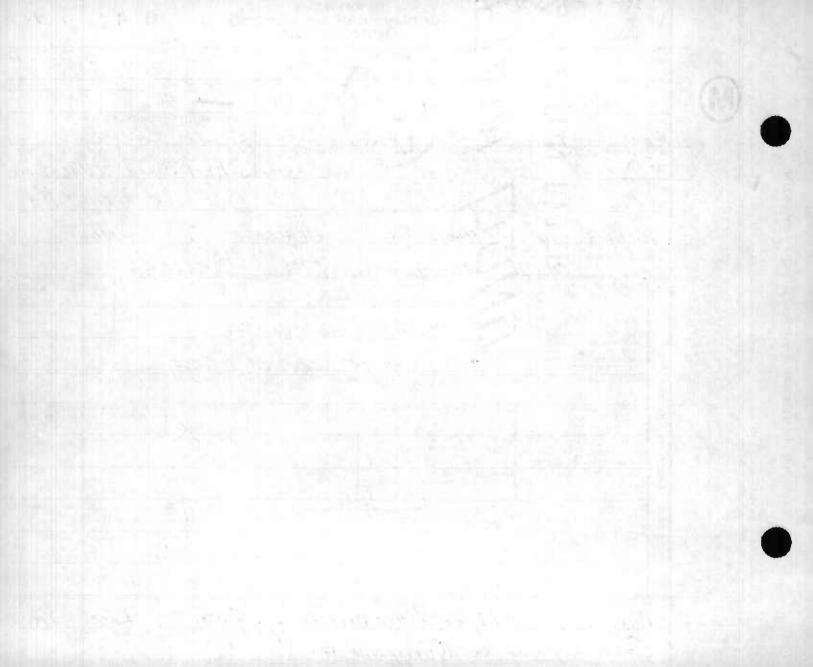


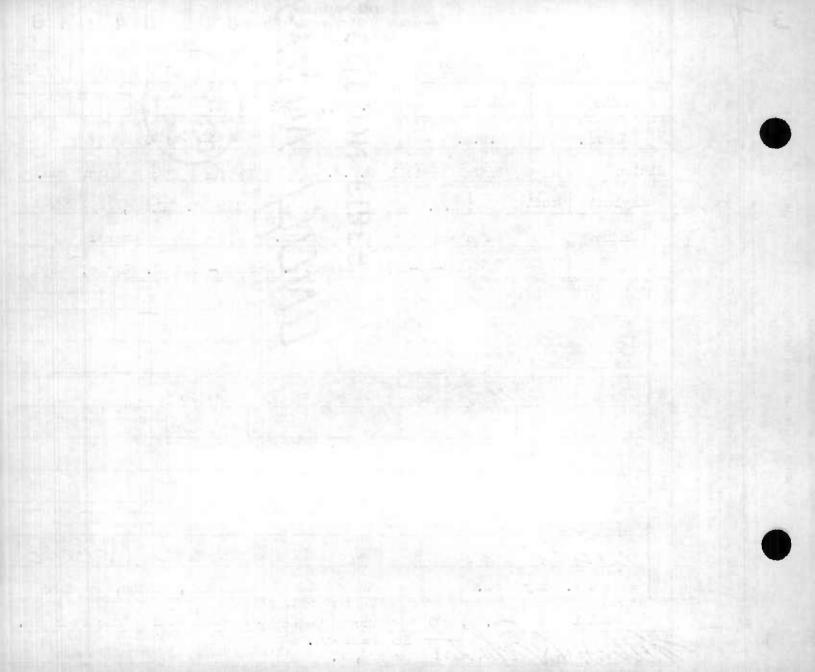
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9		2.3		REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO	).	
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	y be			Mode	et C.	1	10075	c	2/7/80	302 W
			3. SE	Ma1- 18	29	5. DATE OF BIR	RTH YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN.
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	he f	11	10 CI	TY OR TOWN OF DEATH	JIF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS	THER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
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BALTIMORE	n ond c Poges	1.	16a V	AS DECEASED EVER IN U.S. ARMEE ES, NO OR UNKNOWN) (IF YES, GIVE WAI	POPOATES)	CURITY NO. 17.	INFORMANT	A		
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1 8	hos hos		TIFIC					YES NO	IN CERTIFYING CAUSES	NO [
ZIV	N S O O D A		CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH		HOW INJURY OCCURR	ED (ENTER NATURE OF INTOR	Y IN ITEM 18, PART 1 OR PART 2)	
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DIVISION OF VITAL	PHYSI ending this ce buri and Mer		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		LOCATION	CITY OR TOW	N COUNTY	STATE
N	offer of the state		2	AT WORK NOT WHILE AT WORK				1		
	ENDING PHY rol or ottendii DR: After this r use os the bu Health and M			22a.1 certify that (I) (this hospital)	attended the deceosed fro		, , ,	_, to2/7/50		, that (I) (we) fost
	7 9 9 6			sow the deceased alive on 2			ot in (my) (our) opinion d	eoth occurred on the do		
	DIRECTORPHICATION			22b. SIGNATUR	y Non	DEGI	ATTENDING .	MEDICAL STAF		ESIGNED
	y the RAL DI detock fore De			y. Vacqu	THE INIU		PHYSICIAN []	DIRECTOR   PHYSIC	IAN [	1/80
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DH	MH - 16 50M 1/76 (VR A 15 (4))		29 11	INEBAL DIRECTOR	RESS		A P P A	3 1980	Charles Assessing	The same
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requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal

FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	) 4 4	4
1. DECEASED NAME FIRST (TYPE OR PRINT) Frederi	.c Stebbings Ja	IMES	20 DATE OF DEATH MONT		2b HOUR
3. SEX	4 RACE	5 DATE OF BIRTH	February 23	1980	1:00A .
Male	White	Sept. 19 1896	07	MONTHS DAYS	HOURS MIN.
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED ( WIDOWED DIVORCED (	BALTIMORE CITY OR CO	OUNTY OF DEATH	MI
Conowingo	165 Pleasant Gr	ove Road	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Laborer	KING LIFE) 126 KIND O INDUSTRY Reti	F BUSINESS OR
	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOWN	YES NO NO	165 Pleasan	t Grove Ro	ad
William Stebbin	ngs James	15. MOTHER'S MAIDEN FIRST Edna	Mo	Ril	ey
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 164-07-7		. James same a	above	3
Conditions, if ony, which gove rise to immediate couse 10, stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	nomatosis ence of ence of		2	MATE INTERVAL DISSET AND DEATH
PART 2. OTHER NIFICANT OF THE PART 2. OTHER 2	CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200.	IF YES, WERE FINDIN CERTIFYING CAUSES YES	GS USED
OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DA	19 21f LOCATION	CITY OR TOWN	COUNTY	STATE
220.1 certify that (I) (this haspi sow the deceased alive on	R PRINT	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF	nd hour and from the	
230. BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATOR RESSERT. Grove Ceme	A LOCATION	COUNTY	STATE

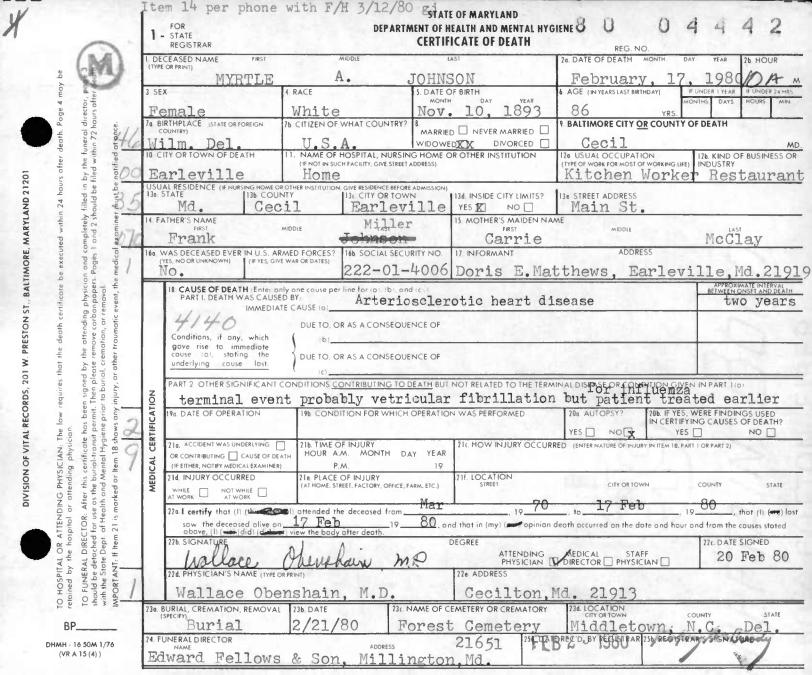
Rising Sun, Maryland

250 DATE REC'D. BY REGISTRAR 256 2 GISTRAR'S AIGNATURE FEB 2 6 1980

DHMH - 16 50M 1/76 (VR A 15 (4) )

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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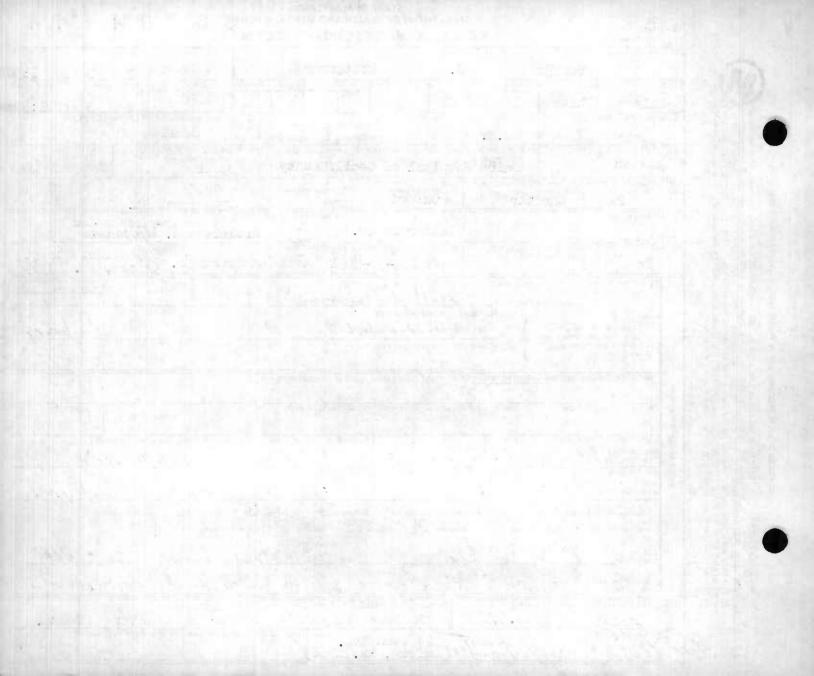
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

A MI IX US U. B. Historia, week to repair to Street See See St. 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Dennis J. Letterman 3 19 80 6 AGE IN YEARS IF UNDER 1 YR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 24 HOUR MONTH LAST BIRTHDAY PRONOUNCED 62 Male White DEAD 3 1980 1:50em To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX FOREIGN COUNTRY U.S. Cecil DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH FILED, 13. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS LAY IS O THE P OR INDUSTRY Union Hospital of Cecil County FOR MOST OF WORKING LIFE! Elkton Construction Laborer ULD BE I RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Chester YES . NO 625 Market St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jeanne Sumner MIDDLE AND Letterman Sr. Chiche hear x x R x vivetavenman FORM John 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) Market Street John Letterman Sr. \*\*\* 174-56-5051 Oxford. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL. OF YES NO. 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 1980 12:24 P.M. 2-CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME 211. LOCATION WARDED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Road Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian DIRECTOR: Accident A Suicide Homicide death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Feb.5, 1980 Oxford Cemetery Oxford Chester Penna. BP PE EMPLERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 224 Penn Ave. VR A15 ME (SM Oxford. Pa. 30M 7/73



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		REGISTRAR		CER	IFICATE OF DEATH	REG. N	0.
0		CEASED NAME FIRST	M	IDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
eq ( )		Leonard	N	. Lipha	m Sr.	Februa	ry 17, 1980 6:10A M
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Con s l con		VAS DECEASED EVER IN U.S. ARMEI	D FORCES?	166 SOCIAL SECURITY NO		ADDR	
MORE, nond ce Pages I	(	YES, NO OR UNKNOWN)     IF YES, GIVE WA	R OR DATES)	207-12-5998	Mrs. Holon	V Tinham I	Earleville, Md.21919
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1 W. P hat the by the ose ren I, crem ather	1	couse 101, stating the underlying cause last	DUE TO, OR	AS A CONSEQUENCE O			
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DIVISION OF VITAL RECORDS,  ING PHYSICIAN: The low requir r ottending physician. Wher this certificate been sig as the burol-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	I ISh CONDI	ION FOR WHICH OPERA	ION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
L REC	FF						IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL RECOR	ERT	21g. ACCIDENT WAS UNDERLYING	216 TIME OF	INTURY	21c. HOW INJURY OCCUR	YES NOK	YES NO NO
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NOF YSICIAN Fing phenolity wented if	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.A 21e, PLACE C		9 211, LOCATION		
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DIN ENDING FOLOR: After Truse as Health I is mort		22a.1 certify that (I) (this haspital)			and that in (my) (our) apprion	death assured as the d	ate and hour and from the causes stated
ATTE ospito e ECTO d for m 21		saw the deceased alive an obove, (1) (we) (did) (did nat) vi	ew the bady o	ofter death.		deom accorred on me a	
TALOR A y the hos sat DIREC detoched or te Dept.		110. SIGNATURE	Δ	(21.0	DEGREE ATTENDING	MEDICAL STA	FF 22c. DATE SIGNED
HOSPITAL OR ATTEN ined by the hospital Indeed to the complete Indeed to the State Dept. of He ortant: if hem 21 is		JOY 7	, 11.	laver	PHYSICIAN (	DIRECTOR PHYSIC	CIANO 4480
HOSPIT bined by FUNER buld be o		22d. PHYSICIAN'S NAME (TYPE OF PRI	INT		22e ADDRESS		40744
TO HOSPITAL retoined by 1 TO FUNERAL should be det		Yogischandra l	Patel	M.D.	Newark, De		19711
5 7 2 4	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	23t. NAME C	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		The state of the s	2/22/8	0 / Maryla	nd Veterans Ea	stern Shore	Hurlock, Md.
DHMH - 16 50M 1/76	24 F	Busin II h. I	11:1	DOMESS	25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRADES SIGNATURE
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2/22/40 Sarviand Veterans Satern Shore, Ruslock, Id.

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Mrs. Mclon M. Michon, carlowlife, Marketin

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	0	4	4	4	7
CERTIFICATE OF DEATH	REG. NO					

	REGISTRAR					REG.	140.		
	CEASED NAME	FIRST	WIGDLE		LAST	2a. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
	2 ON PRINTY	DAVID	A.	Rnold	McDANIEL	February	13,	1980	7:12a
3. SE	Х	4 F	RACE		DATE OF BIRTH	& AGE (IN YEARS LAST		IF UNDER TYEAR	
	Male		White		3 - 13 - 24	5.5	YR	MONTHS DAYS	HOURS MIN
	IRTHPLACE STATE OF		CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY	OR COUN	NTY OF DEATH	-
5	COUNTRY Ky.		USA	V	MARRIED NEVER MARRIED	Cec.	il co	ounty	
10 C	ITY OR TOWN OF DE.	ATH 11.	NAME OF HOSPIT		HOME OR OTHER INSTITUTION	12g USUAL OCCUPA (TYPE OF WORK FOR MOS		12b. KIND (	OF BUSINESS C
7 P	erry Point		VA Medica			Account		Mot	
USU	JAL RESIDENCE (IF NUR	SING HOME OR OTH		SIDENCE BEFORE AD				uvillo	Md2191
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14 F.	ATHER'S NAME	MIDO	ILE	LAST	15. MOTHER'S MAIDEN	NAME		LA	ST
OD	avid	Blanc	hard Mc	Daniel	Virgie	Edith		Hunte	r
160	WAS DECEASED EVER	IN U.S. ARMEI		OCIAL SECURIT	TY NO. 17. INFORMANT	ADI	CESSLO)	ra, MD.	21917
	yes	WW I	7 4	3-26-2	504 Ruth I. Y.	1 tox 469 F	ino :	Tower R	d.
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00	PART I. DEATH V	VAS CAUSED B	Y: Des		emboli			BETWEEN	ONSET AND DEAT
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	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 m ie hospital or ottending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, goaled for use as the buriol-tronsit permit. Then please remove corporatopers. Pages 1 and 2 should be filed within 72 hours of Health and Mantal Haviston price to having 1 committing a companion or employed.
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DIVISION OF VITAL RECORDS, ZOT W. PRESTON ST., BALLIMORE, MARTLAND 21201	OING o o	Afte
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	OR ATTENDING PHYSICIAN: The Ide hospital or ottending physician.	DIRECTOR. After this certificate has been signed by the attending physic controlled for use of the burst broad properties of the burst broad bro
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					E OF MARYLAND	0 0 0	1 1 1 8
	1.	FOR STATE REGISTRAR	DEPA		IEACTH AND MENTAL HY	REG. NO.	4 4 4 0
		CEASED NAME FIRST	MIDDLE		LAST		DAY YEAR 26 HOUR
	(TYPE	OR PRINT) WILLIAM	Α.	MO	NCURE	February 22, 198	7:05a A
	3. SE	(	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
£ .		Male	Caucasian	Oct	6 1907	72 YRS.	MONTHS DAYS HOURS MIN
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
83	7	/irginia	USA	WIDOWE	DIVORCED	Cecil County	
23		Perry Point	11. NAME OF HOSPITAL, NUI VA Medical Cer	TREET ADDRESS)	or other institution  rry Point, Md	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF  Lawver	12b. KIND OF BUSINESS OR INDUSTRY Self Employed
23		AL RESIDENCE (IF NURSING HOME C TATE 1136 COU Irginia	PROTHER INSTITUTION, GIVE RESIDENCE B 13c. CITY OR T Alexan	BEFORE ADMISSION)		13e. STREET ADDRESS 215 Princess St.	reet
-		THER'S NAME		IGITA	15 MOTHER'S MAIDEN N	AME	
11	V	Villiam A Moneu	MIDDLE LAST		Caroline Pe	emberton	LAST
-	160 V	VAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	215 Prince	as Street
3	,			8-8208	Richard Mo	oncure Alexandria	. Virginia 22314
		18 CAUSE OF DEATH (Enter o	nly one cause per line for (o), (b)	), ond (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ED BY: ATE CAUSE (0) Gliobla		Rt. Parietal	Frontal Area	
	- 13	1919	DUE TO, OR AS A CONSE				
		Conditions, if any, which	( (b)			PROMINE TO SERVE	
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	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIV	PART 101
0	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED
9	FE	2-14-80	Craniotomy				FYING CAUSES OF DEATH?
1	ER.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, F	
9		OR CONTRIBUTING CAUSE OF DI	1	DAY YEAR			
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION		
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
Е.			pital) attended the deceased fro	om	, 19	, to,	19, that (I) (we) los
		sow the deceased alive a	n1 ot) view the body ofter death.	19, o	nd that in (my) (our) opinion	n deoth occurred on the date and hou	or and from the causes stated
		22b. SIGNATURE	on view the body offer deom.		DEGREE		22c. DATE SIGNED
					ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-22-80
		22d PHYSICIAN'S NAME (TYPE	PRORINT) MT		22e. ADDRESS		
		Louise Sulta	n. M.D.		VAMC Perr	v Point. Md.	
-	23a. l	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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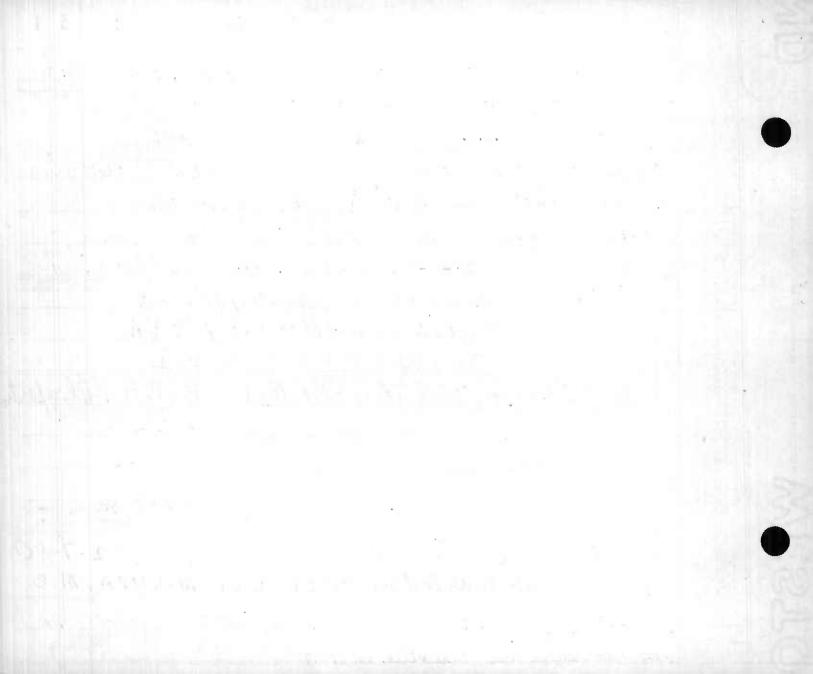
		STATE REGISTRAR  EASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. NO.	
16		CEASED NAME FIRST OR PRINT)	WIDDLE		.A51	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	RTIF					YES NO Y	ES NO
_		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
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9	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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offer d	10 CI	TY OR TOWN OF DEATH  Elkton	11. NAME OF HOSPITAL, NURSIN LIENOT IN SUCH FACILITY, GIVE STREET LURE WOOD NUT	ADDRESS)		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O ACCOUNTAT	F WORKING LIFE)	126 KIND O INDUSTRY duPor	t Co
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file		AL RESIDENCE (IF NURSING IN ME OR TATE	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 512 Capita			100.
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L', BALT. physicion npopers. maval. vent, the		PART I. DEATH WAS CAUSE	ily ane cause per line far (a), (b), on	id (c	Respiratory	Failu	æ		MATE INTERVAL DINSET AND DEATH
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he law r on. has bee t permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, Y IN CERTIFYI YES	WERE FINDIN NG CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir  of of the ording physicion.  Mer this certificate has been sig os the burial-fransit permit. Then th and Mental Hygiene prior to b  orked or Nem 18 shows any injury		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  JIF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18, PAR	T 1 OR PART 2)	
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At OR A the hos AL DIRECTOCHED OF THE POPT.		226. SIGNATURE	Valed		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	22c. DATE	5-1980
TO HOSPITAL retained by 1 TO FUNERAL should be deli		226 PHYSICIAN'S NAME (TYPE OF		n iç	179 W. Che		100		
Bb————	23a B	urial, Cremation, removal Burial	23b. DATE 2-18-1980 A		nts Cemetery	Wilmingto	on Ñ	J.C. I	ela.
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FU	NERAL DIRECTOR NAME  PULLAM	J Marwick	New	ark, Dela FEB	2 0 1980	25h. HEGISTR	AR'S FEW C	JRE
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STATE OF MARYLAND

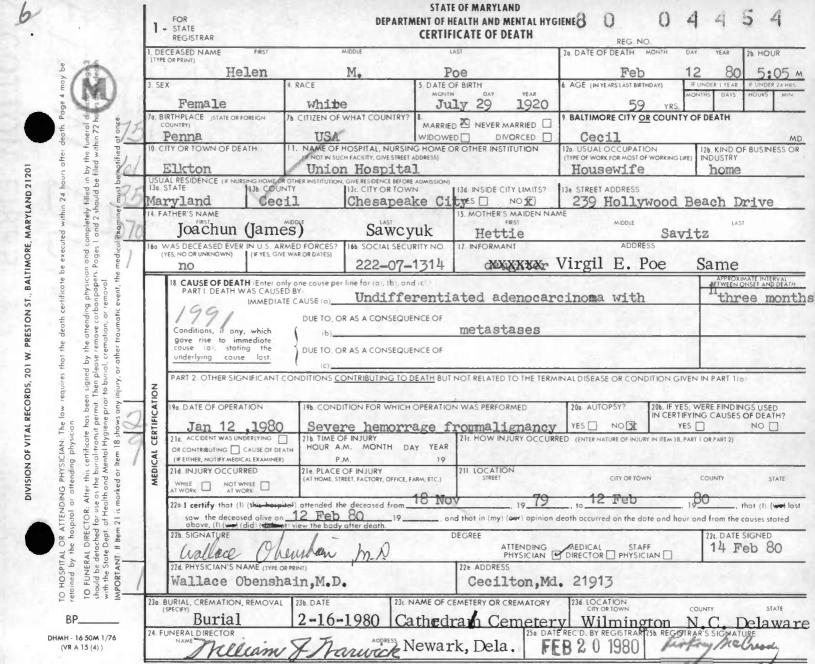


		FOR STATE REGISTRAR		ARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	1ENE 8 0 0	4 4 5 2
		CEASED NAME FIRST OR PRINT) AR	CHIE G. NUNL		AST	Feb. 27, 198	DAY YEAR 26 HOUR 8:57
	3 SE	Male	4 RACE White	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 70	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MIN
5 ouce	C	RTHPLACE STATE OR FOREIGN OUNTRY)	USA	MARRIE		9. BALTIMORE CITY OR COUN Cecil	NTY OF DEATH
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IT: If Item		10000-171					
IMPORTANT: If II		22d. PHYSICIAN'S NAME (TYPE O LUIS M. CUZA SURIAL, CREMATION, REMOVAL			322 East Cec	Il Ave. North	East, Md.

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	I. DE	CEASED NAME FIRST OR PRINT)		E.	PEAR	CE. Sr.	Pebruary	MONTH DAY	YEAR 1980	26 HOUR A
(M)	3. SE:		4. RACE	E,	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		DER I YEAR	IF UNDER 24 HRS
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death. Por uneral dir nun 72 hat.		RTHPLACE (STATE OR FOREIGN YOUNGE)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	MI
offer a wifted		ty or town of death	11. NAME OF	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET HOSpita	ADDRESS)	Cecil Co:	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret. Farme	WORKING LIFE) IN	26. KIND OF NDUSTRY Farmi	BUSINESS OR
BALTIMORE, MARYLAND 2120' cate be executed within 24 hours a pers. Pages 1 and 2 should be file wol. it, the medical examiner must be not.	USU.	AL RESIDENCE (IF NURSING HO			ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	71 14	Cur III 2	
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more, more camp pages 1 and camp medical exception	16a V	VAS DECEASED EVER IN U.S			RITY NO.	17 INFORMANT	ADDRE	SS	21	913
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALING PHYSICIAN. The law requires that the death certificate ratending physician.  When this certificate has been signed by the attending physicians the burial-transit permit. Then please remove carbon paper than and Mental Hygiene prior to burial, cremation, or removal, orked or them 18 shows any injury, or ather traumatic event, the	ATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA Retroperito	hee busto. Control and one all and		DEATH BUT	NOT RELATED TO THE TERM  I hemetrahe I  N WAS PERFORMED	nnaldisease or control rupture	20b. IF YES, WE	ERE FINDIN	IGS USED
VITAL REC  N. The faw hysician. Icate has b ronsit perm Hygiene pr Hygiene pr	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME	OF INJURY		21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYING YES  YES  YES IN ITEM 18, PART 1	]	OF DEATH?
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PIVISION POPULAR POPULAR POPULAR AFFET 12 TOR. Affer 12 for use as the affe and Health and 21 is marked	-	while NOT WHILE AT WORK  220.1 certify that (1) (1) sow the deceased aliabove, (1) (1) (did) (did)	e an 17 Fe	b 19_	Sept	nd that in (my) (ar) apinian	, to _17 Feb death accurred an the do		d fram the c	hot (I) kee las
SPITAL OR A J by the hos NERAL DIREC be defoched e Store Dept. TANT: If frem		226. SIGNATURE  Lallow  226. PHYSICIAN'S NAME (	Chen	chain 1	m.P.	DEGREE  ATTENDING PHYSICIAN  226. ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗌	18 :	Feb 80
TO HOSPITAL retained by to FUNERAL should be det with the State		Wallace Ob	ensljain,			Cecilton,		3		
BP	23a.	BURIAL, CREMATION, REMO SPECIFY) Burial	2/20			emetery or crematory wn Cemetery	23d. LOCATION CHYOR TOWN Earlevi	lle Cec	cil	STATE Md.
DHMH - 16 50M 1/76 (VR A 15 (4) )		uneral director dward Fello		ADDRESS	2:	1651 PA	E REC'D, BY REGISTRAR	25h REGHERAR	Marily	usely

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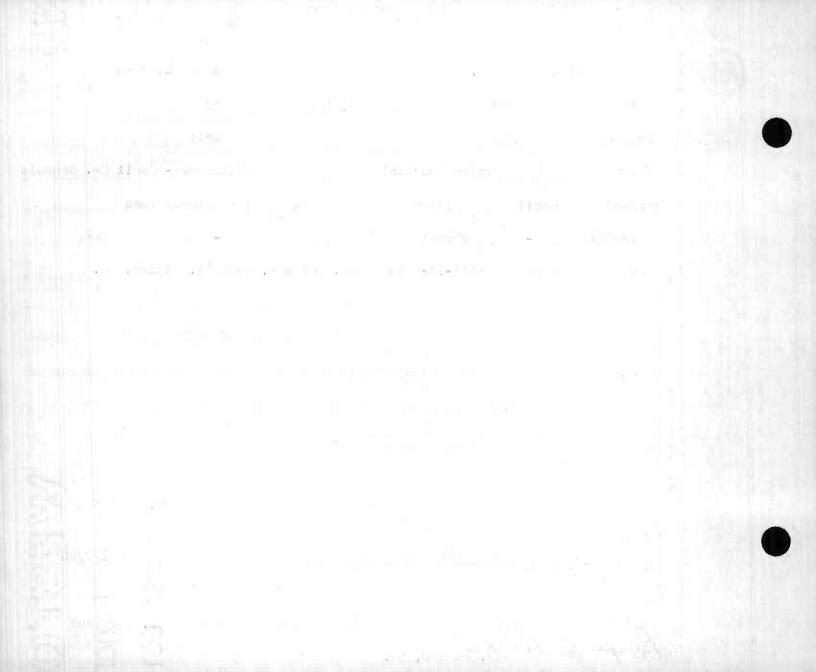
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3 SE	х	4	RACE		S. DATE C		& AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
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	IRTHPLACE ISTATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTR	MARRIEI	NEVER MARRIED	9 BALTIMORE CIT	Y OR COL	UNTY OF DEATH	
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	ITY OR TOWN OF Elkton	DEATH	(IF NOT IN SUC	HOSPITAL, NUR HEACILITY, GIVESTI nion Ho:	REET ADDRESS)	PROTHER INSTITUTION	12s USUAL OCCUP (TYPE OF WORK FOR MO Maintena:	ST OF WORK		
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	aryland ATHER'S NAME	Cec	11	Elkt	on	YES NO 10 NO 10 NA	159 Male	oney	Koad	
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	Charle		-	Purnel		Ida		DRESS	Moor	.6
	WAS DECEASED E YES, NO OR UNKNOWN			166 SOCIAL SE	CURITY NO.	17 INFORMANT	AD	DKESS		
	Yes	WW2		217-12	-8829	Mrs. Helen R	. Purnell	Elk	ton, Md.	MATE INTERVAL ONSET AND DEATH
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CAL CERT	21s. ACCIDENT WAT OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	216 HOW INJURY OCCUR		NJURY IN ITE	M 18, PART 1 OR PART 2)	
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	sow the dec	t (I) (this hospite eosed alive on e) (did) (did not)	view the body	1/10 15	79 . or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	STAFF YSICIAN [	22c DATE 2/7	SIGNED
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23a	BURIAL, CREMATH	ON, REMOVAL	23b. DATE	2	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
Ι,	Description 1		2/7/00		'h a marit	Uill Cometery		. 1141	1 Maryla	

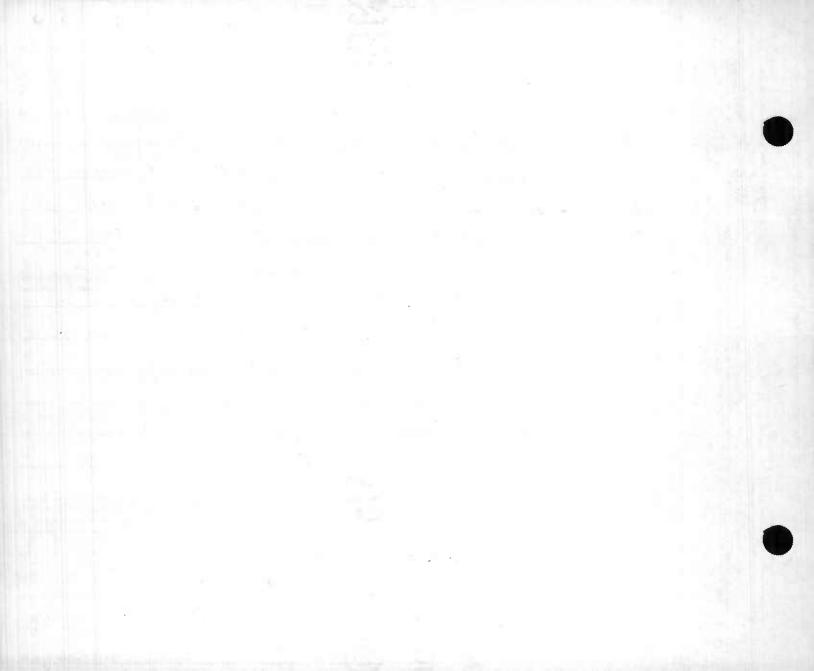
DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR. should be detached for un

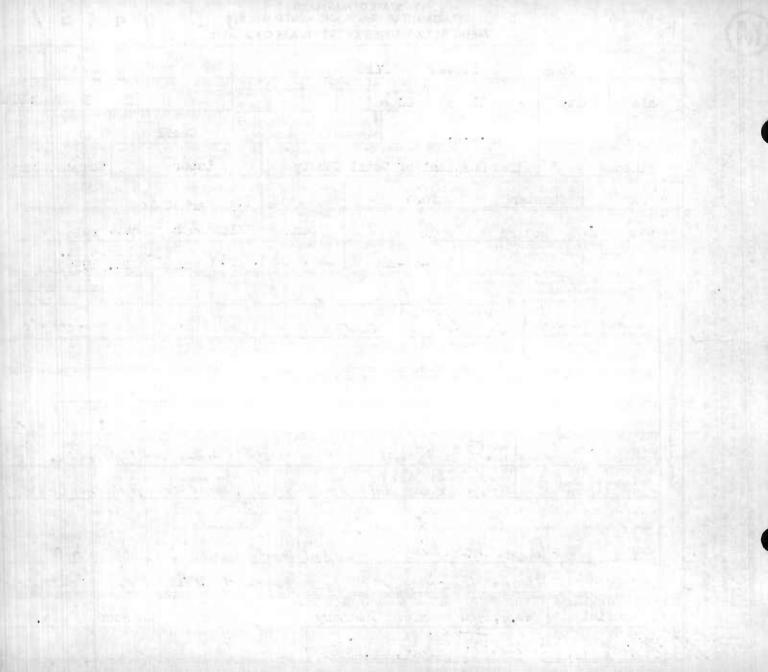
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
FEB 1 3 1980 First Pay Recurredly 74 FUNDERAL DIRECTOR ADDRESS



STATE OF MARYLAND



6	FOR	-			DEPART	ST/ MENT OF	ATE OF N			YGIENE	0	0	4	4 5	7
	- STAT REGI	STRAR		M	EDICAL	EXAMI	NER'S C	ERTIFIC	CATEO	FDEATI	н	REG. NO.			33.00
	1. DECEAS		FIRST		WIDDIE			LAST		2a.	DATE KN		HINOM	DAY YEAR	2b. HOUR
SE RS ET,	(IIII)	(1117)	John		Steven	I	Pylle				OF E	ATED	2	3 19 80	M
IS NECESSARY, PLEASE FEUNERAL DIRECTOR E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS WARRESTON STREET,	3. SEX	4. RA	CE	5. DATE OF BIRTI		6. AGE (IN Y	EARS IF UN		IF UNDER 2				HTMOM	DAY YEAR	2d HOUR
DIRE DUR DN S	Ma1	e Wh	nite	8 2		22	YRS.	S DAYS	HOURS	MIN. PRO	DEAD	D	2	3 19 80	1:1QA
HIN	7a. BIRTHP	LACE (STATE OR		76. CITIZEN OF V	WHAT COUN	VTRY?	8. MARRI	ED NE	VER MARRIE	D A 9. E	BALTIMOR	E CITY OR	COUNTY	Y OF DEATH	
N W W		PA		U.S	S.A.		WIDOW		DIVORCE		Ced	cil			MD.
8 = 8/n /	El	kton		II. NAME OF HOUSE OF	ospita	il of (	Cecil			12a. USUAL FOR MOST	OCCUPAT TOF WORKING Labor	116E3		2b. KIND OF B OR INDUS COMPOS	TRY
SHOULD BE	III. STATE	A	URSING HOME OF		13c. CITY	OR TOWN		13d. INSIDE CI	ITY LIMITS?	13e STREET	ADDRESS	ot St			
3/1/	14. FATHER	R'S NAME		MIDDLE		1467		15. MOTHE	R'S MAIDEN		MIDDL			LAST	
DIVISION OF A		S J	He	oward	Pyl	Le		Je	ean	Eli	zabet	h	Baile	Pyle	
O Z		OR UNKNOWN)	R IN U.S. ARM		16b. SO	CIAL SECURI	ITY NO.	17. INFORM	TNAN		A	ADDRESS 5	Mark		
3	No		(IF TES, GIVE V	VAR OR DATES	179	-46-22	266	Mrs J	Jean E	. Pyl	e Ox	ford	Pa.	19363	
	18.	CAUSE OF DEA	TH (Enter anl	y ane cause per li	ne for (a), (b	), and (ç).)								APPROXIMA	TE INTERVAL ET AND DEATH
		PART I DEATH V	WAS CAUSED	BY: E CAUSE (a)	11	ultip	le In	iuric	5					BETWEEN ONS	ET AND DEATH
YGIENE,	78	1199	MUNICULAT		R AS A CON	NSEQUENCE	OF .								, ,
NO MENTAL HYO		Conditions, if gave rise to		(b)	Auto	acc	; lent	_						Immed	iate
OR REA		couse (a) stotin lying cause last	g the under-	DUE TO, O	R AS A CON	NSEQUENCE	OF								
OF HEALTH AND MEI		2 OTHER SIGNIFICA	NT CONDITIONS C	DNTRIBUTING TO DEAT	H BUT NOT RELA	ATED TO THE TER	RMINAL DISEASE	OR CONDITION	N GIVEN IN PART	[ ] {a}.					
REM -	OI 190.	DATE OF OPER	ATION	19b. CONE	OITION FOR	WHICH OPE	RATIONW	AS PERFOR	MED?					20 AUTOPSY	(2
5 20	FIC													YES 🗆	NO
URU	CERTIFICATION 518"	EXTERNAL CAL	JSE WAS	21b. TIME C	DE INJURY		21c. HC	OW, INJURY	OCCURRED	(ENTER NATU	IRE OF INJURY	IN ITEM 18 PA	RT 1 OR PART		NO E
3	S CON	ATRIBUTING _		EATH 12:24 P.	M. 2	13 19 S	AR D	futo	accil.	1	using	nu	1tiple	inje	ries
THE STATE DEPARTMENT OF IND. 21201 PRIORTO BURIAL, O		ILE NO	WHILE TO	STORET EA	CTORY, FARM, E	TC) Kon	s s	TREET		CI	TY OR TOWN		COUN	111	STATE
25		WORK AT	WORK	Rt2	13 @ C	Lerry H	111	Rt 2	15	nea	er Ch	erry	/ti//	Cecil Go.	Md,
9/17		22a. I certify that	l toak charge	af the remains d	escribed abo	ave, held an	Autaps	y .	Inspection	X.	Inquiry	], and	in my apir	nion	
0/	de	oth resulted fro	m: Naturo	al causes .	Accident	X, s	vicide .	, Hamic		Undeterm	ined manne	er ,			
E, MARYLAND		UAL NATURE	if	Enry 7	ark	es,	М	D. A 521	L on .	MEDICA	L EXAMINE	ER .	DATE	2/3/8	0
AFTER DEATH, BALTIMORE, M.	EXA.	MINER'S NAME E OR PRINT)	Н	enry	Fari	kas,	MP	ADDRESS_	Unio	on Ho	spita	1 of	Ceci	:1 Com	ty, M.
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21,	23a. BURIAL	CREMATION,				NAME OF CE			ORY	23d. LOCA	TION		COUNT		STATE
	/	Buria	T	Feb. 7,19	80 (	Oxford	Ceme	tery			ord		neste:	r :	Pa.
17	THE FUNER	ALDIRECTOR	1/1/	NORE	83/	4 Penn			250 DATE RE	EC'D. BY RE	GISTRAR	256. REGIST	TRAR'S SIC	SNATURE	
73	LUK	ame	1.110	MACON	Ox:	ford,	Pa.19	363							



should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner, must be notified or

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

1	FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		4	5 6
	DECEASED NAME FIRST TYPE OR PRINT)  JOSEPH	J.	SA		GELO, JR.	February		YEAR	26. HOUR 9:40 p <sub>M</sub>
3.	SEX	4 RACE	FE LEAD	5. DATE		6. AGE IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
L	Male	Whit	e	Nove	mber 30, 1909	70	YRS.	DAYS	HOURS MIN
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
N	Maryland	U. S.	$\Lambda_{\bullet}$	WIDOW		Ceci1			MD.
	erry Point	(IF NOT IN SUC	H FACILITY, GIVE STREET AL	DDRESS)	rry Point, Md.	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Laborer	F WORKING LIFET IN	h KINDE DUSTRY 11 Cag	o Tribun
13	SUAL RESIDENCE (IF NURS)	ke	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Chicago	admission) I	134 INSIDE CITY LIMITS?	13e STREET ADDRESS Chicago,		10.07	
14.	FATHER'S NAME FIRST  Guiseppi	WIDDLE	Santange:	10	15 MOTHER'S MAIDEN NAMERST  Guiseppi	ME MIDDLE	Pac	ino	SY
16	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR		17 INFORMANT	ADDRE		lary1	and
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214 10 11	.81	Mrs. Walter M	ichalski. P			
100	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  Diabetes	DUE TO, OF	infarction RAS A CONSEQUEN Hypertens	n NCE OF ive	ibrillation prarteriosclerot	ic cardiova	scular	N PART 11	a)
CEBTIEICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	OPERATIO	N WAS PERFORMED	YES NOK	206. IF YES, WE IN CERTIFYING		
	OR CONTRIBUTING CALISE OF DE	P./	M. MONTH DAY M.	Y YEAR	21c. HOW INJURY OCCURR			OR PART 2)	NO
IACIONA	714 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21¢ PLACE (	OF INJURY EET, FACTORY, OFFICE, FAI	RM, ETC.]	211. LOCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
	220-1 certify that (I) (this hosp saw the deceased alive or above thems (did) this to 22b. SIGNATURY			),	2-28-, 19 79 nd that i XXy) (our) opinion of DEGREE	, todeoth occurred on the do	2-16-, 19_ ote and hour and		
	follow	elon 1	layor	7	ATTENDING PHYSICIAN D	MEDICAL STAI		2-1	6-80
	22d PHYSICIAN'S NAME (TYPE OF GLENDON RAY		. /	/	22e ADDRESS	y Point, Md			17.8
23	Burial, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Feb. 16	3.5%		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Frederick	Freder	čk	STATE Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

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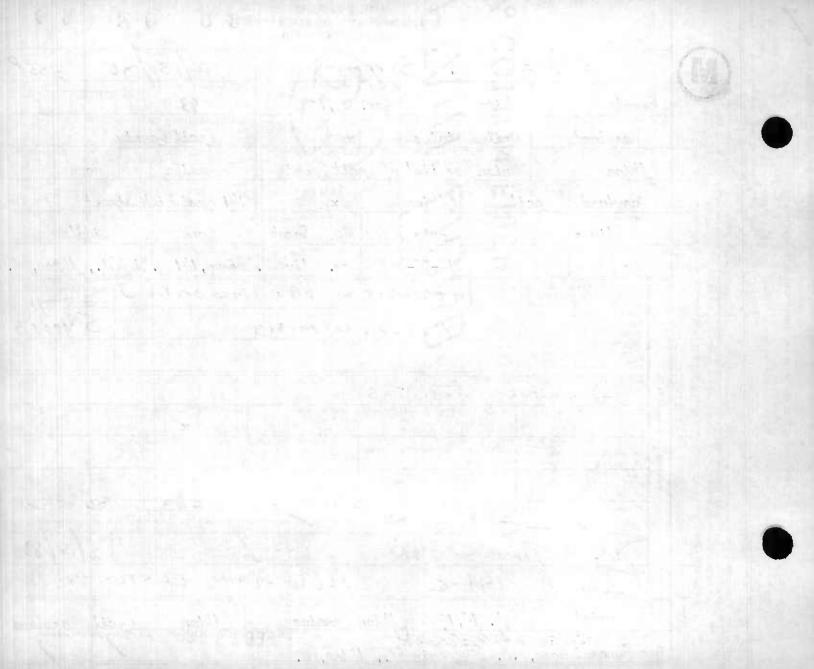
OR ATTENDING PHYSICIAN: The

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

Smith, Fadeley, Keeney & Basford

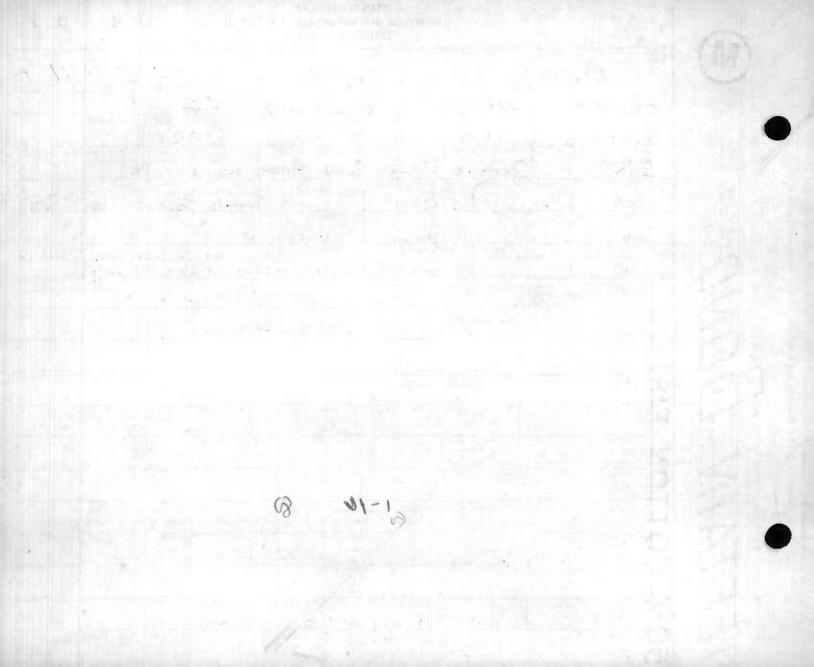
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E FUNERAL DIRECTOR	3. SE		S. C.	DATE OF BIRTH	YEAR 1938 LAST BIRTHD.	ARS IF UN	DER 1 YR.	IF UNDER 2	MIN. PRON	OATE OUNCED DEAD	MÖNT	H DAY	YEAR 19 80	5d: 102R P M
2 SHOULD BE FILED, WITHIN AL RECORDS, 301 W, PRESTO	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	3 - 1	USA		8. MARRI WIDOW		VER MARRIE DIVORCE	DUI	cecil C	_		EATH	MD.
201		ITY OR TOWN OF DE. E 1kton	U	nion Hos	ITAL, NURSING HOME ILITY GIVE STREET ADDRESS) PICAT		er institut	TION	Auto	CUPATION (1 WORKING LIFE) WOLKET	TYPE OF WOR	Aut	ND OF BUS R INDUSTR O MI	Y
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070	14. F.	ATHER'S NAME FIRST	Earse 1	H. Sm	ith LAST		15. MOTHE M	R'S MAIDEN	NAME Justic	e MIDDLE			LAST	
1	16a. \ (Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARMED	FORCES? OR DATES)	215-34-5		17. INFORM	TMAN	). Smi	ADDRE		ton,	Md.	
NE, DIVISION OF VITA		18. CAUSE OF DEAT PART I DEATH W	TH (Enter anly and AS CAUSED BY IMMEDIATE C	Sh	or (a), (b), and (c).)	d of	chest	TET					PPROXIMATE VEEN ONSET	
TEALTH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL.		Canditians, if gave rise ta cause (a) stating lying cause last.	any, which immediate g the <u>under</u> -	(b) DUE TO, OR A	AS A CONSEQUENCE (	OF .								
CREMATION	NO	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTI	RIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION	GIVEN IN PART	1 (a),					10
AL, ch	TIFICAT	19a. DATE OF OPERA	ATION		ON FOR WHICH OPER	ATION W	AS PERFORA	MED?					UTOPSY?	
13	MEDICAL CERTIFICATION	210. EXTERNAL CAU UNDERLYING X CONTRIBUTING	OR	21b. TIME OF HOUSE M. 4:20 P.M.	MONTH DAY YEAR 2-4				ltercat	of injury in Item	18 PART 1 OR	PART 2)		
	MEDI	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE X	21e PLACE O STREET, FACTO hous	ORY, FARM, ETC.)	S	TREET BO	× 467	No.	ortown orth Eas	st, M	county laryla	and	STATE
AORE, MARYLAND, 21201		22a. I certify that death resulted from ACTUAL SIGNATURE			ribed above, held an Accident , Su	Autop:	Homici TITLE (SF	Inspection ide X PECIFY) stant		uiry , d manner	and in my ], DAT SIGI	apinian	2-5-	80
AFTER DEATH, BALTIMORE, MA	22.0	EXAMINER'S NAME (TYPE OR PRINT)			Korell, M.		ADDRESS		Penn S					
-	- (:	urial, cremation, p specify) Burial uneral director		8-80	North E		Meth	odist	23d LOCATIC CITY OR TOW Nort	h East	t C	ecil	Md	TE .
(5)) 7	1	well.	Touc	ADDAMSS NO:	rth East,	Md.		FEE	3077	180	it pro	977	ready	

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STATE OF MARYLAND

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	11.	STATE									
		REGISTRAR CEASED NAME	FIRST		MIDDLE		ICATE OF DEATH	REG. N		DAY YEAR	
± 0	(TYP)	OR PRINTI	thur		NMI		lmore	February	21.10		26. HOUR 4:50P
ofter d	3 SE	male		Black		S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YE	AR IF UNDER 24 HRS
. ej	7a B	RTHPLACE (STATE OR F	DREIGN 7		WHAT COUNTRY	? 8	. 16, 1898  □ NEVER MARRIED □	9 BALTIMORE CITY	YRS OR COUNT	Y OF DEATH	
\$35		Maryland		USA		WIDOWE	DIVX DIVORCED	Cecil			N
10 Stiffed		TY OR TOWN OF DEA		Union	heacility, give street hospital	of Ce	ecil Co.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LI	FET INDUST	of Business of RY
38	130.	at residence (# nurstate)	N3b COUNT Cec	TY	GIVE RESIDENCE BEFO 13c CITY OR TOV Elkton	RE ADMISSION]	13d. INSIDE CITY LIMITS? YES X NO .	13e STREET ADDRESS 223 Sheff	ield H		
Jumes	14. F/	THER'S NAME	м	IDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDLE			LAST
0/10		oseph Vas deceased ever	IN IIS ARA		Wilmore		Catherine	ADDR	FSS	Jete	r
medical		res, no or unknown) No		WAR OR DATES)	165-14-		Marie May	223 She		ld Pa	rk
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eno inggrene prior to buriol, cremation, or referent 18 shows any injury, or other fraumotic is		Conditions, if ony, gove rise to immacouse to immacouse to immacouse PART 2 OTHER SIGN  190 DATE OF OPERA  210, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d IN JURY OCCURR	which nediote 9 the lost.  IFICANT CO  THON  CAUSE OF DEAT AL EXAMINER)  RED  (this hospitched of live on	DUE TO, OF  DUE TO, OF  CC  196 CONDITIONS CC  196 CONDI  216 TIME O HOUR A./ P./  21e PLACE C (AT HOME, STR	R AS A CONSEQUENCE OF INJURY M. MONTH COMM. OF INJURY elect, FACTORY, OFFICE, e deceased from.	JENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c HOW INJURY OCCUR 211 LOCATION STREET	200. AUTOPSY?  YES NO CENTER NATURE OF INJU-	20b. IF YE IN CERTII YE JRY IN ITEM 18, I	S, WERE FIN FYING CAUS ES PART   OR PART:	DINGS USED SES OF DEATH? NO  STATE  , that (1) (we) lo
If Item 21 is marked at Item 18 shows any injury, at other traumotic		Conditions, if ony, gove rise to imm couse 101, stating underlying couse  PART 2 OTHER SIGN  196 DATE OF OPERA  216, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC  216 IN JURY OCCURR WHILE NOTIFY THE AT WORK AT WORK AT WORK AT WOOK  220.1 certify that (I) sow the decesses obove. (I) (we) (6  228.2 IGNATURE	which nediote 9 the lost.  NIFICANT CO  TION  CAUSE OF DEAT AL EXAMINER)  RED  (this hospited of lot on a lid) (did not)	DUE TO, OF  (b)  DUE TO, OF  (c)  DNDITIONS CC  196 CONDI  196 CONDI  216 TIME O HOUR A./ P./  21e PLACE C (AT HOME, STR  view the body.	R AS A CONSEQUENCE OF INJURY M. MONTH COMM. OF INJURY elect, FACTORY, OFFICE, e deceased from.	JENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  211. LOCATION STREET  28. 19.80  and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [	200. AUTOPSY?  YES NO CENTER NATURE OF INJU-	20b. IF YE IN CERTII Y!  JRY IN ITEM 18, I	VEN IN PART  S, WERE FIN  FYING CAUS  ES  PART I OR PART:  COUNTY  19 0  ur and from the	DINGS USED SES OF DEATH? NO  STATE  , that (1) (we) lo
them 21 is morked at them 18 shows any injury, or other traumotic contents of them 18 shows any injury, or other traumotic contents.	MEDICAL	Conditions, if ony, gove rise to imrecouse 101, status underlying couse  PART 2 OTHER SIGN  196 DATE OF OPERA  21a. ACCIDENT WAS UNIO OR CONTRIBUTING OF CONTR	which nediote 9 the lost.  NIFICANT CO  TION  CAUSE OF DEAT AL EXAMINER)  WED  (this hospitced of ive on did (did not)  AME (TYPE OR agalar	DUE TO, OF  (b)  DUE TO, OF  (c)  DNDITIONS CC  196 CONDI  196 CONDI  216 TIME O HOUR A/ P./  21e PLACE (AT HOME, STR	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	JENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  211 LOCATION STREET  28 19 80  and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN  22e. ADDRESS	200. AUTOPSY?  YES NO CITY OR TO  TO FEB   death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurre	20b. IF YE IN CERTII Y!  JRY IN ITEM 18, I  dote and had	VEN IN PART  S, WERE FIN  FYING CAUS  ES   COUNTY  19 20  221. DA  23	DINGS USED SES OF DEATH? NO []  STATE , that (1) (we) lo the couses stated

FOR

- STATE

REGISTRAR

12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY eneral onb 13a. STREET ADDRESS MIODLE ADDRESS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/ 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X NO [ YES [ 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN East Main St., Elkton, 23d LOCATION STATE LITY OR TOWN COUNTY 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

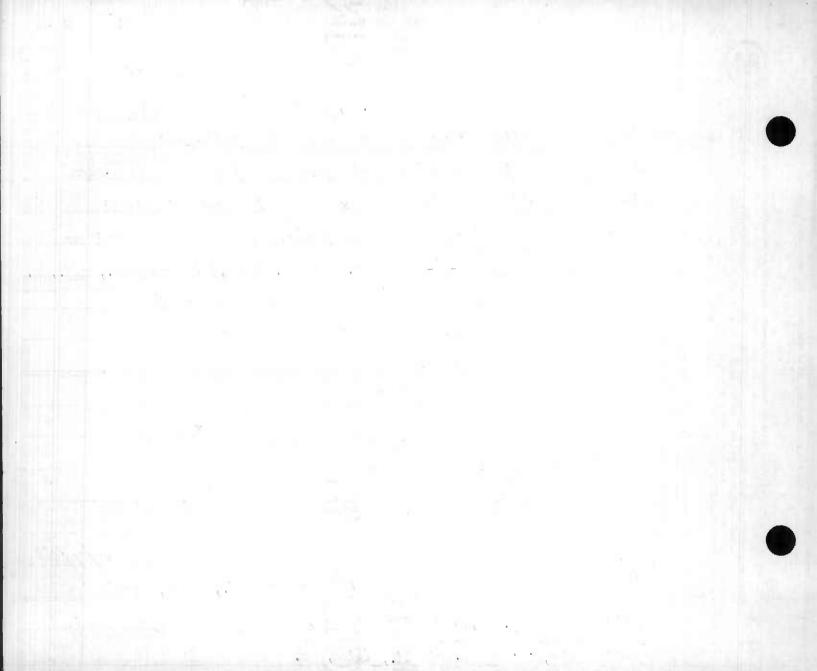
MONTH

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DAYS

IF SINDER 24 HRS

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10.7%	9.5		REGISTRAR		CERTIFICATE OF DEAT	H	REG. NO.		
~	4.00		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
(AA)	- 1		William		Wilson	Febru	ary 19	1980	1:40 A
MAN	63.	3. SE	RI A	RACE L.L.	5 DATE OF BIRTH	6 AGE (IN YEAR	S EAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
100		7. D	RTHPLACE (STATE OR FOREIGN 78	CITIZEN OF WHAT COUNTRY?	1 5 /93	36 50	YRS.	V OF DEATH	
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comp S L ar	co exo	16a \	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	raices	ADDRESS	Reu	15
be execu	e medio	(	(IF YES, GIVE V	VAR OR DATES) 218 22	1466 Helen 3	9. Wilson	916 hepi	Juin 1	d-
rote hysicia paper avol.	ent, th		CAUSE OF DEATH (Enter only	one couse per line for (a), (b), an	nd (c)		1	BETWEEN	MATE INTERVAL
ng pl	c eve	- 8	IMMEDIATE	CAUSE (0)_Coma					
tendi e cor	umoti		185 -	DUE TO, OR AS A CONSEOU					
he de motion	r frau	23	Conditions, if ony, which gove rise to immediate couse (0), stating the	)	other metastas	SIS	DE STUDENT		
that the	othe		underlying couse lost.	DUE TO, OR AS A CONSEOU					
uires this signed be nen pleo o buriol,	y, or		PART 2. OTHER SIGNIFICANT CO			HE TERMINAL DISEASE C	OR CONDITION G	IVEN IN PART 10	
0 1 2	in in	O.	Diabe	tes Mellitus					
hos per	2 Shows and	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERT	ES, WERE FINDIN IFYING CAUSES ( ES	GS USED OF DEATH? NO
Z Z S S S S S S S	00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c HOW INJURY	OCCURRED (ENTER NATUR	E OF INJURY IN ITEM 18.	PART I OR PART 2)	10 m
SICIA ng ph certif unol-t	ten 7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			D. SH	1774
attendi attendi ter this ss the bu	rked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	C	TTY OR TOWN	COUNTY	STATE
NDIN of or use of	s mo		22a.1 certify that 20 (this hospita				cuary 19		END/W/WATER
ATTE ospite CCTO d for	m 21			Act and body of endex in XXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	the date and ha		
SPITAL OR AT d by the hosp NERAL DIREC be detoched to e Stote Dept.	17: H he		226. SIGNATURE lena	In Cant	DEGREE ATTEN PHYSI		STAFF PHYSICIAN (3)	27c. DATE S	
HOSPITAL FUNERAL wid be det h the Stote	RIAN		22d. PHYSICIAN'S NAME (TYPE OR F	1	22e ADDRESS			100	and the
TO HOSP retoined I TO FUNE should be with the S	MPORTANT		Glendon Rayso			cal Center,		int, Md	
	_	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 234	NAME OF CEMETERY OF CREM.	ATORY 23d LOCATI	ON The state of th	COUNTY D	STATE
BP	-	24 E	UNERAL DIRECTOR	419/00 10	ralia + bearis	250. DATE REC'D. BY REC	STRAR 25h REGIS	TRAP'S SIGNATI	19380
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